

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of  
Decedent

Paul C. Badavas

Sex M

Date of Death

March 16, 2014

Place of  
Death

Southboro-19 Rockpoint Rd

Date of  
Birth

September 25, 1937

Immediate  
Cause

Myelodysplastic Syndrome

Certifier

Matthews Bean M.D./DO

Permit  
Issued To

Nancy Morris

Disposition  
At

Rural Cemetery

Name of  
Facility

Morris Fun Home 40 Main St Southborough

Date Permit  
Issued

March 19, 2014

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

Tocon Clark

(Office issuing permit)

City/Town of

Southborough Mass.

Name of Decedent

Paul C. Badavas

If a U.S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
disposed of in accordance with its terms

at

Rural Cemetery

Southborough, MA

(Name of cemetery or crematory)

(City/Town)

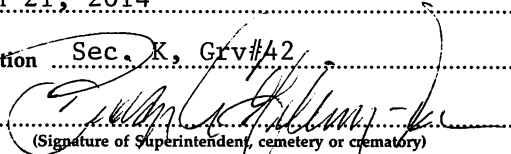
on

March 21, 2014

Final Disposition

Sec. K, Grv #42

Certified by



(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Joseph A DeNapoli

Sex M Date of Death April 21, 2014

Place of Death 19 Blackthorn Dr Southboro, MA

Date of Birth March 19, 1924

Immediate Cause CHF

Certifier Justin Dorfman M.D./DO

Permit Issued To Nancy G. Morris Morris Funeral Home

Disposition At Rural Cemetery

Name of Facility Morris Funeral Home

Date Permit Issued April 24, 2014

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk (Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent Joseph A DeNapoli

If a U.S. War Veteran, specify what war, organization, etc.

WW II

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough MA (Name of cemetery or crematory) (City/Town)

on April 25, 2014

Final Disposition Section M, Grv#7

Certified by [Signature] (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge funeral director must sign and return this stub.

03-14

**DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of  
Decedent

John F. Pfirrmann

Sex

M

Date of Death

April 26, 2014

Place of  
Death

11 Whistler Ln, Southboro

Date of  
Birth

October 29, 1927

Immediate  
Cause

Metastatic Prostate Cancer

Certifier

Bhargavi G. Lamarti

M.D./D.O.  
=====Permit  
Issued To

Phillip R. Short

Disposition  
AtAll Saints Cem. No Haver, CT  
9500 MainName of  
FacilityShort & Son F.H. Marlborough  
MADate Permit  
Issued

April 29, 2014

## The Commonwealth of Massachusetts

No.

03-14

## OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town Southborough Date April 29, 2014

A satisfactory death certificate having been filed for

Full name of decedent John F. Pfirmanwho died on April 29, 2014 US War Veteran ---born on October 29, 1927 date of death ---, who resided at 11 Whistler Ln date of birth ---Southborough Ma 01772and who died of Metastatic Prostate Cancer

Permission is hereby given for (check all appropriate boxes): give immediate cause

☐ Removal from: name and address of original disposition☒ Disposition at: All Saints Cem. North Haven CT name and address of cemetery or crematory☐ Transportation to: name and address of immediate destination of remains

Permission is hereby given to:

Phillip B. Short, Short & Son F.H.  
95 West Main St. Marlborough MA  
 name of facility  
 address of facility

No.

03-14

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk

(Office issuing permit)

City/Town of Southborough Mass.Name of Decedent John F. Pfirman

If a U.S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at All Saints Cemetery, North Haven, CT  
 (Name of cemetery or crematory) (City/Town)on April 30, 2014Final Disposition Sect. 7, Lot Z-69, Grave #6Certified by: [Signature]  
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub

DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of  
Decedent

Sex

Date of Death

Place of  
DeathDate of  
BirthImmediate  
Cause

Certifier

Permit

Issued To

Disposition  
AtName of  
FacilityDate Permit  
IssuedDISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

(Office issuing permit)

City/Town of

Mass.

Name of Decedent

If a U.S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
disposed of in accordance with its terms

at

(Name of cemetery or crematory)

on

Final Disposition

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Thomas C. DeWolfeSex M Date of Death May 14, 2014Place of Death Southboro-Turnpike/KordavilleDate of Birth October 21, 1987Immediate Cause Blunt Force Injuries  
Head, Neck, Torso, Extrem.Certifier Renee Robinson M.D./DOPermit Issued To Matthew S. MulhaneDisposition At W. Millbury Cem.Name of Facility Mulhane Home for FuneralsDate Permit Issued May 19, 2014

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk  
(Office issuing permit)City/Town of Southborough Mass.Name of Decedent Thomas C. DeWolfeIf a U.S. War Veteran, specify what war, organization, etc.  
- - -

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
disposed of in accordance with its termsat W. Millbury Cemetery, Millbury, Ma  
(Name of cemetery or crematory) (City/Town)on 5-19-14Final Disposition BurialCertified by Mark Wilkerson  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

06-14

## DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

*This section to be returned immediately to the issuing City/Town, properly endorsed*

to

*Lower Clerk*

(Office issuing permit)

City/Town of SOUTH BOROUGH Mass.

Name of Decedent JORDAN R. GOGUEN

If a U.S. War Veteran, specify what war, organization, etc.

NO

## ENDORSEMENT

*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

(Name of cemetery or crematory)

(City/Town)

Rural Crematory

on

JUN 26 2014

180 Grove Street

Final Disposition

Worcester, MA 01605

Certified by

*John H. Cobble*

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

06-14

DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of  
Decedent

Jordan R. Goguen

Sex

M

Date of Death

June 16, 2014

Place of  
Death

Southborough - 20 Lempere Rd

Date of  
Birth

Oct 14, 1986

Immediate  
Cause

Pending

Certifier

Richard Evans

M.D./DO

Permit  
Issued To

Peter Stefan

Disposition  
At

Rural Crematory

Name of  
Facility

Salem, Putnam &amp; Mohoney

Date Permit  
Issued

June 24, 2014

06-14

DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

Town Clerk

(Office issuing permit)

City/Town of SOUTH BOROUGH Mass.

Name of Decedent JORDAN R. GOGUEN

If a U.S. War Veteran, specify what war, organization, etc.

NO

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
disposed of in accordance with its terms

at

EVERGREEN

(Name of cemetery or crematory)

LEOMINSTER

(City/Town)

on

Final Disposition

Certified by

David W. Ma

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.



# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent John Philip PhilbinSex M Date of Death June 21, 2014Place of Death Southboro - 33 Flagg RdDate of Birth August 1, 1931Immediate Cause Metastatic Colon CancerCertifier \_\_\_\_\_ M.D./DO  
=====Permit Issued To Thomas B. ComeauDisposition At St John's Cemetery  
Lancaster, MAName of Facility Philbin-Comeau FH, Clinton MADate Permit Issued June 25, 2014

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk  
(Office issuing permit)City/Town of Southborough, Mass.Name of Decedent John Philip PhilbinIf a U.S. War Veteran, specify what war, organization, etc.  
\_\_\_\_\_  
=====

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
disposed of in accordance with its termsat ST JOHN'S CEMETERY LANCASTER MA  
(Name of cemetery or crematory) (City/Town)on Friday, June 27, 2014Final Disposition ST JOHN'S CEMETERYCertified by MICHAEL SANDERS 6/27/14  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of  
Decedent

James D. Lewis

Sex M

Date of Death

July 2, 2014

Place of  
Death

50 Turnpike Rd

Date of  
Birth

March 20, 1928

Immediate  
Cause

Cardiac Arrest

Certifier

Polina Tsygvin

M.D./DO

Permit

Issued To

Nancy Morris

Disposition  
AtRural Crematory  
Worcester MaName of  
Facility

Morris Funeral Home

Date Permit  
Issued

July 8, 2014

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

Town Clerk

(Office issuing permit)

City/Town of

Southborough

Mass.

Name of Decedent

James D. Lewis

If a U.S. War Veteran, specify what war, organization, etc.

WW II

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
disposed of in accordance with its terms

at

(Name of cemetery or crematory)

(City/Town)

on

JULY 9 2014

Final Disposition

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT**

Stub to be retained by officer issuing permit

Name of  
Decedent

Michael S. Pedersen

Sex

M

Date of Death

July 13, 2014

Place of  
Death

9 Mitchell St

Date of  
Birth

Feb 22, 1980

Immediate  
Cause

Pending

Certifier

Kemberley Spruges

M.D./DO

Permit  
Issued To

Kenneth Pedersen

Disposition  
At

Lakewood Cem

Name of  
Facility

Williams Pedersen

Date Permit  
Issued

July 18, 2014

**DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of  
Decedent

Maurice J. Babcock

Sex

M

Date of Death

Aug 11, 2014

Place of  
Death

Southborough MA

Date of  
Birth

June 21, 1957

Immediate  
Cause

Chronic Ethanolism

Certifier

Richard Evans

M.D./DO

Permit

Issued To

Jerome Jozak

Disposition

At

Concord Crematorium

Name of  
Facility

Boley Men - Burial, McAuliffe

Date Permit  
Issued

Aug 2, 2014

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Reguelyn LeedsSex F Date of Death Aug 28, 2014Place of Death 118 Middle RdDate of Birth Oct 16, 1955Immediate Cause Cardiopulmonary failureCertifier Jovana Kousner M.D./DOPermit Issued To Shane Erickson PotterDisposition At Reverend CemeteryName of Facility Potter Funeral HomeDate Permit Issued Aug 28, 2014

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Lynn Clark

(Office issuing permit)

City/Town of Southborough Mass.Name of Decedent Reguelyn Leeds

If a U.S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at River-Side Crematory, Falmouth

(Name of cemetery or crematory)

(City/Town)

on SEPTEMBER 2, 2014

Cremation

Final Disposition

Certified by Shane E. Erickson

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.



0000000136

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2014 070014

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>BRANCHAUD , JEANNINE M</b>	
	Place of Death <b>205 PARKERVILLE ROAD, SOUTHBOROUGH, MA</b>	
	Date of Death <b>SEPTEMBER 02, 2014</b>	Date of Birth <b>NOVEMBER 11, 1924</b> Sex <b>FEMALE</b>
	Residence <b>205 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>	
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>	
	Branch of military (most recent) ---	Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) Service Number(most recent) ---
CERTIFIER	Certifier <b>ROSEMARY RYAN, MD</b> Lic # <b>43613</b>	
	Addr. <b>100 TRADE CENTER, G500, WOBURN, MASSACHUSETTS 01801</b>	
CERTIFIER	Immediate Cause of Death <b>MALIGNANT NEOPLASM OF THE BRAIN, UNSPECIFIED</b>	
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensee/ Designee <b>JOHN A. MATARESE, JR</b> Lic # <b>6664</b>	
	Facility. <b>MATARESE FUNERAL HOME AND CREMATION SERVICE, LLC, ASHLAND, MASSACHUSETTS</b>	
	Disposition Type <b>CREMATION</b>	Date of Disposition <b>SEPTEMBER 05, 2014</b>
	Place/Address <b>RURAL CREMATORY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>	
Endorsements		
PERMIT	Registry of Vital Records and Statistics	
	Board of Health/Agent for: <b>SOUTHBOROUGH</b>	
	State Tracking # <b>070014</b>	Local Permit # <b>14-12</b>
	Date <b>SEPTEMBER 03, 2014</b>	Date <b>SEPTEMBER 04, 2014</b>
PERMIT	Name of Agent <b>PAUL J. BERRY</b>	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature
		X
	Disposition Type	Date of Disposition
CONFIRMATION	Name of Superintendent or Authorized Designee:	



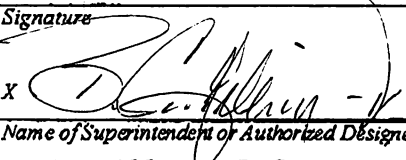
**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

59640

				Commonwealth of Massachusetts Registry of Vital Records and Statistics		State File # 2014 070014		
0000000136				<b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>				
Form R-309 07012014								
Information necessary for the Certificate of Death has been completed for:								
DECEDENT	Decedent Name <b>BRANCHAUD, JEANNINE M</b>							
	Place of Death <b>205 PARKERVILLE ROAD, SOUTHBOROUGH, MA</b>							
	Date of Death <b>SEPTEMBER 02, 2014</b>			Date of Birth <b>NOVEMBER 11, 1924</b>		Sex <b>FEMALE</b>		
	Residence <b>205 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>							
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>							
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____							
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____			
	Certifier <b>ROSEMARY RYAN, MD</b> Lic # <b>43613</b>							
	Addr. <b>100 TRADE CENTER, G500, WOBURN, MASSACHUSETTS 01801</b>							
	Immediate Cause of Death <b>MALIGNANT NEOPLASM OF THE BRAIN, UNSPECIFIED</b>							
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
DISPOSITION	Funeral Licensee/Designee <b>JOHN A. MATARESE, JR</b> Lic # <b>6664</b>							
	Facility <b>MATARESE FUNERAL HOME AND CREMATION SERVICE, LLC, ASHLAND, MASSACHUSETTS</b>							
	Disposition Type <b>CREMATION</b>			Date of Disposition <b>SEPTEMBER 05, 2014</b>				
	Place/Address <b>RURAL CREMATORY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>							
Endorsements								
PERMIT	Registry of Vital Records and Statistics			Board of Health/Agent for: <b>SOUTHBOROUGH</b>				
	State Tracking # <b>070014</b>			Local Permit # <b>14-12</b>				
	Date <b>SEPTEMBER 03, 2014</b>			Date <b>SEPTEMBER 04, 2014</b>				
			Name of Agent <b>PAUL J. BERRY</b>					
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery, Southborough, MA</b>				Signature 			
	Sec. H, Grv#133A				X			
Disposition Type <b>Earth burial</b>		Date of Disposition <b>Sept. 12, 2014</b>		Name of Superintendent or Authorized Designee: <b>B.A. Gilleney-DeCenzo</b>				


**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

59640

 0000000136 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2014 070014</b>	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>BRANCHAUD , JEANNINE M</b>				
	Place of Death <b>205 PARKERVILLE ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>SEPTEMBER 02, 2014</b>		Date of Birth <b>NOVEMBER 11, 1924</b>		Sex <b>FEMALE</b>
	Residence <b>205 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
DECEDENT	Branch of military (most recent) ---		Rank/organization/outfit (most recent) ---		
	Date entered (most recent) ---		Date Discharged (most recent) ---		Service Number (most recent) ---
	Certifier <b>ROSEMARY RYAN, MD</b>				
	Lic # <b>43613</b>				
CERTIFIER	Addr. <b>100 TRADE CENTER, G500, WOBURN, MASSACHUSETTS 01801</b>				
	Immediate Cause of Death <b>MALIGNANT NEOPLASM OF THE BRAIN, UNSPECIFIED</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee <b>JOHN A. MATARESE, JR</b>				
	Lic # <b>6664</b>				
	Facility <b>MATARESE FUNERAL HOME AND CREMATION SERVICE, LLC, ASHLAND, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>				
DISPOSITION	Date of Disposition <b>SEPTEMBER 05, 2014</b>				
	Place/Address <b>RURAL CREMATORY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>070014</b>		Local Permit # <b>14-12</b>		
	Date <b>SEPTEMBER 03, 2014</b>		Date <b>SEPTEMBER 04, 2014</b>		
			Name of Agent <b>PAUL J. BERRY</b>		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>Rural Crematory</b> <b>180 Grove Street</b> <b>Worcester, MA 01605</b>			Signature x <i>John H. Cabell</i>	
	Disposition Type <b>cremation</b>		Date of Disposition <b>SEP 05 2014</b>		Name of Superintendent or Authorized Designee: <b>John H. Cabell</b>

### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

2014 SEP 30 P 6:52

RECEIVED  
TOWN CLERK'S OFFICE



# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

*Stub to be retained by officer issuing permit*

Name of  
Decedent

Henry A. Petithory

Sex

65

Date of Death

Oct 1, 2014

Place of  
Death

18 Pinecone Ln, Southboro MA

Date of  
Birth

September 26, 1949

Immediate  
Cause

Cardiomyopathy

Certifier

Theo E. Meyer M.D./DO

Permit

Issued To

Morris, Nancy

Disposition

At

Rural Crematory Worcester MA

Name of

Facility

Morris Funeral Home

Date Permit

Issued

October 6, 2014

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

*This section to be returned immediately to the issuing City/Town, properly endorsed*

to

Town Clerk

(Office issuing permit)

City/Town of

Southborough Mass.

Name of Decedent

Henry A. Petithory

If a U.S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

*(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

(Name of cemetery or crematory)

(City/Town)

on

10/7/2014 Rural Crematory

Final Disposition

180 Grove Street  
Worcester, MA 01605

Certified by

John W. Cobble

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of  
DecedentRichard V. Aghababian

Sex

M

Date of Death

October 1, 2014Place of  
Death5 Hidden Meadow LnDate of  
BirthJuly 7, 1948Immediate  
CauseMetastatic Gastric Cancer

Certifier

Venus Bothin

M.D./DO

Permit

Issued To

James HealdDisposition  
AtRural Cem. SouthboroName of  
FacilityHeald & Chiampa Fun.  
Shrewsbury, MADate Permit  
IssuedOctober 6, 2014

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the Issuing City/Town, properly endorsed

to Board of Health - Town Clerk  
(Office issuing permit)City/Town of Southborough Mass.Name of Decedent Richard V. Aghababian

If a U.S. War Veteran, specify what war, organization, etc.

None

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was  
disposed of in accordance with its termsat Rural Cemetery Southborough, MA  
(Name of cemetery or crematory) (City/Town)on October 7, 2014Final Disposition Sec. K, Grr #38Certified by [Signature]  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Joan A. Barry

Sex F Date of Death Oct. 11, 2014

Place of Death 19 Gen Henry Rd

Date of Birth Sept 25, 1931

Immediate Cause Aspiration Pneumonia

Certifier Christian Correia M.D./DO

Permit Issued To Nancy Morris

Disposition At Rural Cemetery

Name of Facility Morris Funeral Home

Date Permit Issued October 14, 2014

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk  
(Office issuing permit)

City/Town of Southboro Mass.

Name of Decedent Joan A. Barry

If a U.S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms


at Rural Cemetery Southborough, MA  
(Name of cemetery or crematory) (City/Town)

on October 15, 2014

Final Disposition Sec F, Grv #3

Certified by [Signature]  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

 0000003230 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2014 071724</b>	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>SPINOZA , JANE MARIE</b>				
	Place of Death <b>116 FRAMINGHAM ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>OCTOBER 14, 2014</b>		Date of Birth <b>APRIL 18, 1943</b>		Sex <b>FEMALE</b>
	Residence <b>116 FRAMINGHAM ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged(most recent) _____		Service Number(most recent) _____
	Certifier <b>ALAN GLASER, MD</b> Lic # <b>151413</b>				
	Addr. <b>65 WALNUT STREET, WELLESLEY, MASSACHUSETTS 02481</b>				
	Immediate Cause of Death <b>ALZHEIMERS DEMENTIA</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee <b>H. TRACY MITCHELL</b> Lic # <b>5416</b>				
	Facility. <b>ROBERTS-MITCHELL MEMORIAL CHAPELS, INC., MEDFIELD, MASSACHUSETTS</b>				
	Disposition Type <b>BURIAL</b>		Date of Disposition <b>OCTOBER 18, 2014</b>		
	Place/Address <b>SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>071724</b>		Local Permit # <b>14-16</b>		
	Date <b>OCTOBER 16, 2014</b>		Date <b>OCTOBER 16, 2014</b>		
Name of Agent <b>PAUL J. BERRY</b>					
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery</b> <b>Southborough, MA 01772</b> <b>Section M, Grv#368</b>		Signature 		
	Disposition Type <b>Full Earth Burial</b>	Date of Disposition <b>October 18, 2014</b>	Name of Superintendent or Authorized Designee: <b>Bridget A. Gilleney-DeCenzo</b>		

RECEIVED  
TOWN CLERK'S OFFICE  
2014 OCT 21 A 11:37  
SOUTHBOROUGH, MA

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000003230

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2014 071724

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>SPINOZA , JANE MARIE</b>		
	Place of Death <b>116 FRAMINGHAM ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>OCTOBER 14, 2014</b>	Date of Birth <b>APRIL 18, 1943</b>	Sex <b>FEMALE</b>
	Residence <b>116 FRAMINGHAM ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
CERTIFIER	Date entered(most recent) _____		Date Discharged (most recent) _____ Service Number(most recent) _____
	Certifier <b>ALAN GLASER, MD</b> Lic # <b>151413</b>		
	Addr. <b>65 WALNUT STREET, WELLESLEY, MASSACHUSETTS 02481</b>		
	Immediate Cause of Death <b>ALZHEIMERS DEMENTIA</b>		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee <b>H. TRACY MITCHELL</b> Lic # <b>5416</b>		
	Facility. <b>ROBERTS-MITCHELL MEMORIAL CHAPELS, INC., MEDFIELD, MASSACHUSETTS</b>		
	Disposition Type <b>BURIAL</b> Date of Disposition <b>OCTOBER 18, 2014</b>		
	Place/Address <b>SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>071724</b>		Local Permit # <b>14-16</b>
	Date <b>OCTOBER 16, 2014</b>		Date <b>OCTOBER 16, 2014</b>
		Name of Agent <b>PAUL J. BERRY</b>	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature  <b>X</b>
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000006862

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2014 074136

**Information necessary for the Certificate of Death has been completed for:**

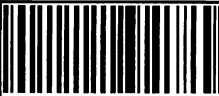


<b>DECEDENT</b>	Decedent Name <b>SCOTT , STEPHEN GORHAM</b>		
	Place of Death <b>19 OAK HILL ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>NOVEMBER 10, 2014</b>	Date of Birth <b>APRIL 29, 1941</b>	Sex <b>MALE</b>
	Residence <b>19 OAK HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01745</b>		
<b>DECEDENT</b>	If U.S. veteran, specify war/conflict(s) (most recent) ---		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
	<b>CERTIFIER</b>		
	Certifier <b>WILLIAM WALSH, MD</b> Lic # <b>81444</b>		
<b>CERTIFIER</b>	Addr. <b>55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01604</b>		
	Immediate Cause of Death <b>LUNG CANCER</b>		
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>			
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>		
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b> Date of Disposition <b>NOVEMBER 12, 2014</b>		
	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		
<b>Endorsements</b>			
<b>PERMIT</b>	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>074136</b>		Local Permit # <b>14-17</b>
	Date <b>NOVEMBER 11, 2014</b>		Date <b>NOVEMBER 12, 2014</b>
<b>CONFIRMATION</b>	Name of Agent <b>PAUL J. BERRY</b>		
	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>		
	Place of Disposition (Facility Name and Address)		Signature
<b>CONFIRMATION</b>			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



 000008913 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2014 076068</b> <div style="border: 1px solid black; padding: 5px; text-align: center;">           RECEIVED            TOWN CLERK'S OFFICE            2014 DEC -3 P 2:42         </div>	
Information necessary for the Certificate of Death has been completed for:					
<b>DECEDENT</b>	Decedent Name <b>BOWKER , CALVIN HENRY</b>				
	Place of Death <b>11 CONSTITUTION DRIVE, SOUTHBOROUGH, MA</b>				
	Date of Death <b>NOVEMBER 18, 2014</b>		Date of Birth <b>SEPTEMBER 18, 1962</b>		Sex <b>MALE</b>
	Residence <b>11 CONSTITUTION DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
<b>CERTIFIER</b>	Certifier <b>JILL ALLEN, MD</b> Lic # <b>226499</b>				
	Addr. <b>55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114</b>				
	Immediate Cause of Death <b>RESPIRATORY FAILURE</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
<b>DISPOSITION</b>	Funeral Licensee/Designee <b>RALPH A BARILE, JR</b> Lic # <b>50090</b>				
	Facility. <b>BARILE FAMILY FUNERAL HOME, STONEHAM, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>NOVEMBER 24, 2014</b>		
	Place/Address <b>LINWOOD CEMETERY, 41 JOHN WARD AVENUE, HAVERHILL, MASSACHUSETTS 01830</b>				
<b>Endorsements</b>					
<b>PERMIT</b>	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>076068</b>		Local Permit # <b>14-18</b>		
	Date <b>NOVEMBER 23, 2014</b>		Date <b>NOVEMBER 24, 2014</b> Name of Agent <b>PAUL J. BERRY</b>		
<b>CONFIRMATION</b>	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address)  Linwood Cemetery Crematory, Haverhill MA		Signature  		
	Disposition Type <b>CREMATION</b>	Date of Disposition <b>NOV 24 2014</b>	Name of Superintendent or Authorized Designee: Michael Kenney		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000008913 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2014 076068</b>	
<b>Information necessary for the Certificate of Death has been completed for:</b>					
<b>DECEDENT</b>	Decedent Name <b>BOWKER , CALVIN HENRY</b>				
	Place of Death <b>11 CONSTITUTION DRIVE, SOUTHBOROUGH, MA</b>				
	Date of Death <b>NOVEMBER 18, 2014</b>		Date of Birth <b>SEPTEMBER 18, 1962</b>		Sex <b>MALE</b>
	Residence <b>11 CONSTITUTION DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b> Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
<b>CERTIFIER</b>	Certifier <b>JILL ALLEN, MD</b> Lic # <b>226499</b>				
	Addr. <b>55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114</b>				
	Immediate Cause of Death <b>RESPIRATORY FAILURE</b>				
<b>This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:</b>					
<b>DISPOSITION</b>	Funeral Licensee/ Designee <b>RALPH A BARILE, JR</b> Lic # <b>50090</b>				
	Facility. <b>BARILE FAMILY FUNERAL HOME, STONEHAM, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>NOVEMBER 24, 2014</b>		
	Place/Address <b>LINWOOD CEMETERY, 41 JOHN WARD AVENUE, HAVERHILL, MASSACHUSETTS 01830</b>				
<b>Endorsements</b>					
<b>PERMIT</b>	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>076068</b>		Local Permit # <b>14-18</b>		
	Date <b>NOVEMBER 23, 2014</b>		Date <b>NOVEMBER 24, 2014</b>		
			Name of Agent <b>PAUL J. BERRY</b>		
<b>CONFIRMATION</b>	<b>I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:</b>				
	Place of Disposition (Facility Name and Address)			Signature	
				X	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.





0000009167

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File # **2014 076264**

OCME CASE # 2014-14901

Information necessary for the Certificate of Death has been completed for:

<b>DECEDENT</b>	Decedent Name <b>HORNE , ROBERT G</b>		
	Place of Death <b>85 MAIN STREET, SOUTHBOROUGH, MA</b>		
	Date of Death <b>NOVEMBER 19, 2014</b>	Date of Birth <b>FEBRUARY 21, 1956</b>	Sex <b>MALE</b>
	Residence <b>85 MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
<b>CERTIFIER</b>	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____	Date Discharged (most recent) _____	Service Number(most recent) _____
	Certifier <b>RICHARD EVANS, MD</b> Lic # <b>58622</b>		
	Addr. <b>55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655</b>		
<b>DISPOSITION</b>	Immediate Cause of Death <b>PENDING</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee <b>RICHARD D. COLLINS</b> Lic # <b>6312</b> Facility. <b>FITZGERALD &amp; COLLINS FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS</b> Disposition Type <b>BURIAL</b> Date of Disposition <b>NOVEMBER 25, 2014</b> Place/Address <b>PEOPLE'S CEMETERY, CROWELL STREET, CHATHAM, MASSACHUSETTS 02633</b>		
<b>Endorsements</b>			
<b>PERMIT</b>	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>076264</b>	Local Permit # <b>14-19</b>	
	Date <b>NOVEMBER 24, 2014</b>	Date <b>NOVEMBER 24, 2014</b>	
<b>CONFIRMATION</b>	Name of Agent <b>PAUL J. BERRY</b>		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
		X	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

# DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to *Leuk Clerk*

(Office issuing permit)

City/Town of *Chatham Southborough* Mass.

Name of Decedent *Cinna Mattioli*

If a U.S. War Veteran, specify what war, organization, etc.

## ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the ~~body~~ <sup>cremated remains</sup> accompanying this permit was disposed of in accordance with its terms

at *Rural Cemetery* *Southborough, MA*  
(Name of cemetery or crematory) (City/Town)

on *December 8, 2014*

Final Disposition *Sec. A, Lot 19e, Grv #1B*

Certified by *[Signature]*  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.



0000009604

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2014 076583

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	MATTIOLI , ANNA --		
	Place of Death	LIBERTY COMMONS REHABILITATION AND SKILLED CARE CENTER, CHATHAM, MA		
	Date of Death	NOVEMBER 20, 2014	Date of Birth	OCTOBER 06, 1923
			Sex	FEMALE
	Residence	66 MILD BAY CIRCLE, DENNIS, MASSACHUSETTS 02639		
	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit (most recent)	
	Date entered (most recent)		Date Discharged (most recent)	Service Number (most recent)
CERTIFIER	Certifier	THOMAS ROTH, MD		
		Lic # 218838		
	Addr.	212 ORLEANS ROAD, SUITE C, CHATHAM, MASSACHUSETTS 02650		
	Immediate Cause of Death			
	INTRACRANIAL HEMORRHAGE			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	JOHN T BLUTE	Lic # 50475
	Facility	MORRIS, O'CONNOR & BLUTE FUNERAL HOME, HARWICH, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition
	Place/Address	VINE HILLS CREMATORY, 102 SAMOSET STREET, PLYMOUTH, MASSACHUSETTS 02360	

## Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	CHATHAM	
	State Tracking #	076583	Local Permit #	E-PERMIT
	Date	NOVEMBER 26, 2014	Date	--
			Name of Agent	--

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

CONFIRMATION	Place of Disposition (Facility Name and Address)		Signature
	Vine Hills Cemetery & Crematory Plymouth, MA Cremation		x Diane M. Maguire
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:
		11/29/2014	DIANE M. MAGUIRE

## Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a dis  
This designation indicates that the death certificate has been electronically c  
designated agents will later assign a permit number upon subsequent verific  
by the city or town clerk or registrar. Permits without the "E-PERMIT" desi  
acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is sti  
certificates, the cremation clearance may have already been issued. Clearanc  
of this form.

After confirmation of disposition, the disposition facility shall return the cor  
retain a copy for their records.

12/12/14  
Crematory signed  
where Cemetery  
Superintendent should be  
signed. So State said  
to complete paper  
permit to track where  
remains have been  
buried.

# TOWN OF SOUTHBOROUGH



RECEIVED  
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2014 DEC 17 A 9 27  
SOUTHBOROUGH, MA

## DEPARTMENT OF PUBLIC WORKS

147 CORDAVILLE ROAD • SOUTHBOROUGH, MASSACHUSETTS 01772-1802 • (508) 485-1210 • FAX (508) 229-4444

Julie Smith, Town Clerk  
Town of Chatham  
549 Main St.  
Chatham, MA 02633

December 17, 2014

Dear Ms. Smith,

I'm sending you some copies of documents regarding the final disposition of Anna Mattioli who died in Chatham on 11/20/2014, was cremated in Plymouth on 11/29/2014 and buried in the family lot here at Rural Cemetery in Southborough Massachusetts on 12/8/2014. Massachusetts Vital Records suggest that we send you a copy of the final disposition for your records in Chatham.

Please find the following photocopies Attached:

1. A photocopy of the original *DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT* that I received from Funeral Director John T. Blute, of the Morris O'Connor & Blute Funeral Home in Harwich Massachusetts, for the burial of Anna Mattioli.
2. A photocopy of the *Disposition, Removal and Transportation Permit* filed with the Town Clerks Office in Southborough Massachusetts for Anna Mattioli's Burial here at Rural Cemetery.

If there are any questions please let me know, I'm always here to help.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Bridget A. Gileney-DeCenzo".

Bridget A. Gileney-DeCenzo, Cemetery Supervisor  
Town of Southborough DPW  
147 Cordaville Rd.  
Southborough, MA 01772-1802  
Phone: 508-485-1618 Fax: 508-485-8052

[gileneys@townofsouthborough.com](mailto:gileneys@townofsouthborough.com)

COPY

out of  
Perk**DISPOSITION, REMOVAL AND  
TRANSPORTATION PERMIT**

This section to be returned immediately to the issuing City/Town, properly endorsed

to Perk Clerk  
(Office issuing permit)City/Town of Chatham Southborough Mass.Name of Decedent Anna MattioliIf a U.S. War Veteran, specify what war, organization, etc.  
=====**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the ~~body~~ <sup>cremated remains</sup> accompanying this permit was  
disposed of in accordance with its termsat Rural Cemetery.....Southborough.....MA.....  
(Name of cemetery or crematory) (City/Town)on December 8, 2014Final Disposition Sec. A, Lot 19A, Grv #1BCertified by [Signature]  
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**COPY**



0000009604

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

2014 076583

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name <b>MATTIOLI , ANNA —</b>		
	Place of Death <b>LIBERTY COMMONS REHABILITATION AND SKILLED CARE CENTER, CHATHAM, MA</b>		
	Date of Death <b>NOVEMBER 20, 2014</b>	Date of Birth <b>OCTOBER 06, 1923</b>	Sex <b>FEMALE</b>
	Residence <b>66 MILD BAY CIRCLE, DENNIS, MASSACHUSETTS 02639</b>		
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
	Branch of military (most recent) —		Rank/organization/outfit(most recent) —
	Date entered(most recent) —	Date Discharged (most recent) —	Service Number(most recent) —
	Certifier <b>THOMAS ROTH, MD</b> Lic # <b>218838</b>		
	Addr. <b>212 ORLEANS ROAD, SUITE C, CHATHAM, MASSACHUSETTS 02650</b>		
CERTIFIER	Immediate Cause of Death <b>INTRACRANIAL HEMORRHAGE</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensee/ Designee <b>JOHN T BLUTE</b> Lic # <b>50475</b>		
	Facility. <b>MORRIS, O'CONNOR &amp; BLUTE FUNERAL HOME, HARWICH, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>NOVEMBER 25, 2014</b>
	Place/Address <b>VINE HILLS CREMATORY, 102 SAMOSET STREET, PLYMOUTH, MASSACHUSETTS 02360</b>		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>CHATHAM</b>
	State Tracking # <b>076583</b>		Local Permit # <b>E-PERMIT</b>
	Date <b>NOVEMBER 26, 2014</b>		Date — Name of Agent —
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>Vine Hills Cemetery &amp; Crematory Plymouth, MA Cremation</b>		Signature <b>x Diane M. Maguire</b>
	Disposition Type	Date of Disposition <b>11/29/2014</b>	Name of Superintendent or Authorized Designee: <b>DIANE M. MAGUIRE</b>

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

COPY



0000014476

Form R-309 07012014



Commonwealth of Massachusetts  
Registry of Vital Records and Statistics  
**DISPOSITION, REMOVAL  
OR TRANSPORTATION  
PERMIT**

State File #

**2014 079679**

Information necessary for the Certificate of Death has been completed for:

<b>DECEDENT</b>	Decedent Name <b>HART , MURIEL BULLARD</b>		
	Place of Death <b>252 BOSTON ROAD, SOUTHBOROUGH, MA</b>		
	Date of Death <b>DECEMBER 13, 2014</b>	Date of Birth <b>JANUARY 01, 1923</b>	Sex <b>FEMALE</b>
	Residence <b>252 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>		
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>		
<b>CERTIFIER</b>	Branch of military (most recent) ---		
	Rank/organization/outfit(most recent) ---		
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
	Certifier <b>JOHN G KRIKORIAN, MD</b> Lic # <b>36428</b>		
	Addr. <b>571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702</b>		
<b>DISPOSITION</b>	Immediate Cause of Death <b>TRANSITIONAL CELL CARCINOMA OF THE LEFT KIDNEY METASTATIC TO BONE AND PLEURA</b>		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>		
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>		
	Disposition Type <b>CREMATION</b> Date of Disposition <b>DECEMBER 16, 2014</b>		
<b>PERMIT</b>	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>		
	Endorsements		
	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>
	State Tracking # <b>079679</b>		Local Permit # <b>14-20</b>
	Date <b>DECEMBER 16, 2014</b>		Date <b>DECEMBER 16, 2014</b>
<b>CONFIRMATION</b>	Name of Agent <b>PAUL J. BERRY</b>		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

**Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

60324

 0000014476 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT</b>		State File # <b>2014 079679</b> RECEIVED TOWN CLERK'S OFFICE 2015 JAN -6 P 2:49 SOUTHBOROUGH, MA	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>HART , MURIEL BULLARD</b>				
	Place of Death <b>252 BOSTON ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>DECEMBER 13, 2014</b>		Date of Birth <b>JANUARY 01, 1923</b>		Sex <b>FEMALE</b>
	Residence <b>252 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____				
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____
	Certifier <b>JOHN G KRIKORIAN, MD</b> Lic # <b>36428</b>				
DISPOSITION	Addr. <b>571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702</b>				
	Immediate Cause of Death <b>TRANSITIONAL CELL CARCINOMA OF THE LEFT KIDNEY METASTATIC TO BONE AND PLEURA</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>DECEMBER 16, 2014</b>		
	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>079679</b>		Local Permit # <b>14-20</b>		
	Date <b>DECEMBER 16, 2014</b>		Date <b>DECEMBER 16, 2014</b>		
CONFIRMATION	Name of Agent <b>PAUL J. BERRY</b>		I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) <b>Rural Crematory 180 Grove Street Worcester, MA 01605</b>		Signature <b>John H Cobill</b>		
	Disposition Type <b>Cremation</b> Date of Disposition <b>DEC 16 2014</b>		Name of Superintendent or Authorized Designee: <b>John H Cobill</b>		

Acceptance of Permit

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 0000014476 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics <b>DISPOSITION, REMOVAL  OR TRANSPORTATION  PERMIT</b>		State File # <b>2014 079679</b>	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name <b>HART , MURIEL BULLARD</b>				
	Place of Death <b>252 BOSTON ROAD, SOUTHBOROUGH, MA</b>				
	Date of Death <b>DECEMBER 13, 2014</b>		Date of Birth <b>JANUARY 01, 1923</b>		Sex <b>FEMALE</b>
	Residence <b>252 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772</b>				
	If U.S. veteran, specify war/conflict(s) (most recent) <b>NO</b>				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____				
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____
	Certifier <b>JOHN G KRIKORIAN, MD</b> Lic # <b>36428</b>				
	Addr. <b>571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702</b>				
	Immediate Cause of Death <b>TRANSITIONAL CELL CARCINOMA OF THE LEFT KIDNEY METASTATIC TO BONE AND PLEURA</b>				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee <b>NANCY G MORRIS</b> Lic # <b>50277</b>				
	Facility. <b>MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS</b>				
	Disposition Type <b>CREMATION</b>		Date of Disposition <b>DECEMBER 16, 2014</b>		
	Place/Address <b>RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605</b>				
<b>Endorsements</b>					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: <b>SOUTHBOROUGH</b>		
	State Tracking # <b>079679</b>		Local Permit # <b>14-20</b>		
	Date <b>DECEMBER 16, 2014</b>		Date <b>DECEMBER 16, 2014</b>		
Name of Agent <b>PAUL J. BERRY</b>					
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) <b>Rural Cemetery  Southborough, MA 01772  Sec. 1-C, Lot 11, Grv#1B</b>			Signature 	
	Disposition Type <b>Burial</b> of cremated remains		Date of Disposition <b>January 3, 2015</b>		Name of Superintendent or Authorized Designee: <b>Bridget A. Gilleney-DeCenzo</b>

#### Acceptance of Permit

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